06858 150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Port Republic.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: Port Republic.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Alverta Chase.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	X

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 7 1891

8. AGE: Years: 56 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER — 12. Name: John Baden

13. Birthplace: Md

MOTHER — 14. Maiden name: Margaret Chase

15. Birthplace: Md

16. Informant: Dick Chase

Address: Huntingtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-5-47 (month) (day) (year)

Cemetery or crematory: Patuxent

Location: Calvert

18. Funeral director: P.E. Sewell

Address: Prince Frederick md.

19. 8-4 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-2, 1947, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
General Anasarca	Jan 1947
Due to: Cardiac Decompensation	Yrs 1947
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Inez Sell M. D. or other

Address: Prince Frederick Date signed: 8-4-47

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0685954

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Willows Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Willows Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Ovalia Dixon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	M

6.(b) Name of husband or wife: Benjamin Dixon
6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): November 18 1892

8. AGE: Years: 50 | Months: 9 | Days: 9 | If less than one day: hrs. min.

9. Birthplace: Willows, Calvert Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Thomas Tarran
13. Birthplace: Calvert County

MOTHER
14. Maiden name: Christiana Tarran
15. Birthplace: Calvert County

16. Informant: Benjamin Dixon
Address: Willows, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 8/30/47 (month) (day) (year)
Cemetery or crematory: St. Edmunds
Location: Willows Md.

18. Funeral director: Pinkney Sewell
Address: Prince Frederick Md.

19. 8-27 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 27 1947 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Pulmonary Hemorrhage 2 min. — DURATION

Due to: Cause unknown (10/1/47 os.)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. W. Ward M. D. or other
Address: Owings Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0686153

932 B

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: N. Beach.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Dc.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2844 Vista St. N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Jennie M Friedheim

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	

6.(b) Name of husband or wife: Victor D. Friedheim
8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 8/24/47

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
62	10	5		

9. Birthplace: Dc.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: home

FATHER
12. Name: James E. Hall
13. Birthplace: Balto Md

MOTHER
14. Maiden name: Jennie M McMagee
15. Birthplace: Dc.

16. Informant: Mrs Hodges
Address: N. Beach.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 8/27/47
(month) (day) (year)
Cemetery or crematory: Congressional Cem.
Location: Dc.

18. Funeral director: S. H. Hines Co
Address: 2901 14th St N.W. Dc.

19. 8-25 1947 H. W. Ward.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/24 19 47 at 10 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/24 19 47 to 8/24 19 47 and that I last saw h[illegible] alive on 8/24/47 19 47

Immediate cause of death	DURATION
Chr. myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature]
M. D. or other
Address: Huntington Md Date signed: 8/24/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45.15M

06861 17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5-2

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Calvert
City or town: Chesapeak Beach.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: M D County: Calvert
City or town: Chesapeak Beach.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Jerime Gorman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 7, 1946

8. AGE: Years: 1 | Months: | Days: 23 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Calvert
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Hubert Gorman
13. Birthplace: Calvert, Md.

MOTHER
14. Maiden name: Edna Chase
15. Birthplace: Md.

18. Informant: Louise Chase
Address: Chesapeak Beach

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-31-47 (month) (day) (year)
Cemetery or crematory: St. Edmonds
Location: Md

18. Funeral director: P.C. Sewell.
Address: Prince Frederick Md.

19. August 31 1947 (Date rec'd by registrar) Virgie V. Carpenter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 30 1947, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/29 1947, to 8/29 1947
and that I last saw h.. liv.. alive on 8/29 1947

Immediate cause of death	DURATION
Broncho Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: Huntingtown Md Date signed: 8/30/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06862 VS

131a

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Plum Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Plum Point

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: J. Wilson Ireland

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M.

8.(b) Name of husband or wife: Mary Isabelle

8.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Mar. 9, 1868

8. AGE: Years	Months	Days	If less than one day
79	5	7	...hrs. ...min.

9. Birthplace: Plum Point, Md (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER — 12. Name: Edward W. Ireland

13. Birthplace: Calvert Co., Md

MOTHER — 14. Maiden name: Elizabeth Gibson

15. Birthplace: Calvert Co., Md

16. Informant: Herbert Ireland

Address: Plum Point, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 18, 1947 (month) (day) (year)

Cemetery or Crematory: Christ Church

Location: Port Republic, Md

18. Funeral director: A. A. Parkinson & Son

Address: Mutual, Md

19. 8-18-1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/16/1947, at ...M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/1/1947, to 8/16/1947 and that I last saw h. living alive on 8/15/1947

Immediate cause of death	DURATION
Hypertensive cardio vascular renal disease	
Due to arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ...Injured at work?

23. SIGNATURE: H. W. Ward M. D. or other

Address: Huntingtown Date signed: 8/16/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

06863

CERTIFICATE OF DEATH

Reg. Dist. No. 5-2

1. PLACE OF DEATH:
County: Calvert
City or town: Lower Marlboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cal
City or town: Lower Marlboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Thomas S. King.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Married

B.(b) Name of husband or wife: Martha E
6.(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): 31 Jan 1907

8. AGE: Years: 40 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Lower Marlboro (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm.

FATHER
12. Name: Geo. W. King
13. Birthplace: Md

MOTHER
14. Maiden name: Lydia M Younger
15. Birthplace: Md

16. Informant: Mrs Ruland
Address: Plum Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 10, 1947 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Lower Marlboro Md.

18. Funeral director: W- D Hutchins
Address: Owings Md.

19. Aug 9 1947 Elsie M. Cox
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8 Aug 1947, at 5:05 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 Aug 1947, to 8 Aug 1947 and that I last saw him alive on 8 Aug 1947

Immediate cause of death	DURATION
Coronary occlusion	
Due to	
Due to	
Other conditions	

(Incinde pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H Hagemeyer M. D. or other
Address: Huntingtown Date signed 9/9/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06864

172 S 15

Reg. Dist. No. 51

M

1. PLACE OF DEATH:
County Calvert
City or town Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2703. Hartford St. N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Richard G. Pace

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Geary Pace
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 27 | Months | Days | If less than one day hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Lorenzo Pace
13. Birthplace Virginia

MOTHER 14. Maiden name Eliza James
15. Birthplace Virginia

16. Informant

Address

17. Burial Date thereof 9-2-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington Cemetery

Location Arlington, Va.

18. Funeral director S. H. Annis & Co.

Address Wash. D.C

19. 8-31 19 47 H. W. Ward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 19 47 at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19
and that I last saw him alive on 19

	DURATION
Immediate cause of death Drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 8-30-47
Where did injury occur? Ches. Beach (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?) Public place
Means of injury Fell from boat Injured at work? No

23. SIGNATURE H. W. Ward M. D. or other
Address Ocean City, Md. Date signed

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

151 06865

170C

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Calvert
City or town: Paris, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Prince Frederick, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Henry H Parker

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	X

6.(b) Name of husband or wife: Annie M. Parker
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): March 16, 1882

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
65				

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER
12. Name: David Parker.
13. Birthplace: Md

MOTHER
14. Maiden name: Lussie Ann Collins
15. Birthplace: Md

16. Informant: Annie M. Parker.
Address: Prince Frederick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-12-47 (month) (day) (year)
Cemetery or crematory: Brooris
Location: Calvert

18. Funeral director: P. E. Sewell
Address: Prince Frederick.

19. Aug 11 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 10 1947 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Crushed Chest	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8-10-47
Where did injury occur? Paris (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?) Public road
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: H. H. Parker M. D. or other
Address: Owings, Md. Date signed: 8/11/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06866

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: Dunkirk
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Dunkirk
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: John Parran

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Ella Marsh Parran
6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Feb. 12, 1864

8. AGE: Years: 83 | Months: 5 | Days: 25 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Calvert Co., Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: Farmer

FATHER
12. Name: Thomas Parran
13. Birthplace: Calvert Co., Md.

MOTHER
14. Maiden name: Mary E. Sollers
15. Birthplace: Calvert Co., Md.

16. Informant: Mrs. John Parran
Address: Dunkirk, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 9, 1947 (month) (day) (year)
Cemetery or crematory: Middleham Chapel
Location: Dunkirk, Md.

18. Funeral director: A. A. Parkinson & Son
Address: Mutual, Md.

19. Aug 9th 1947 (Date rec'd by registrar) D. V. G. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 7, 1947 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1947 to Aug 7 1947
and that I last saw him alive on Aug 7 1947

Immediate cause of death	DURATION
Acute Congestion of Lungs	
Due to	
Diabetes Heart	
Due to	
Senility, arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Leonardtown Md. Date signed: Aug 8 1947

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

06867

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Ches. Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Reis Payne

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 2, 1941

8. AGE: Years 6 | Months — | Days — | If less than one day ..... hrs. ..... min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Thornton T. Payne
13. Birthplace Kentucky

MOTHER
14. Maiden name Jean E. Reis
15. Birthplace Kentucky

16. Informant Mrs. Thornton Payne
Address Chesapeake Beach Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/14/47 (month) (day) (year)
Cemetery or crematory Mt Sterling
Location Kentucky

18. Funeral director Wm H. Hutchins
Address Owings Md.

19. Aug 12 1947 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/11 1947, at 5.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....
and that I last saw h..... alive on ..... 19 .....

Immediate cause of death	DURATION
Crushed chest	
Due to Auto Accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 8/11/47
Where did injury occur? Ches. Beach Calvert Co. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Highway
Means of injury Auto accident Injured at work? Yes

23. SIGNATURE [signature] M. D. or other
Address Owings Md. Date signed 8/12/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

06868/8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Caroline Co
City or town: Ganderville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: A A
City or town: Gambrills
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Carl Philip Robbin Persinger

3.(b) Social Security Number: 217-26-6257

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 28, 1929

8. AGE: Years: 18 | Months | Days | If less than one day: hrs. min.

9. Birthplace: W Va
(Town, county, and state)

10. Usual occupation: millwork

11. Industry or business

FATHER
12. Name: James H. Persinger
13. Birthplace: W. Va

MOTHER
14. Maiden name: Lusinder Bragg
15. Birthplace: W. Va.

16. Informant: John H. Persinger
Address: Gambrills Md.

17. Burial, cremation, or removal. Which?: Burial
Date thereof: 8/31/47 (month) (day) (year)
Cemetery or crematory: Browns
Location: W. Va.

18. Funeral director: Meadows Funeral Home
Address: West Va.

19. Aug 28 1947 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/28/47 19 at 1 o' P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19 ..... to ..... 19 .....
and that I last saw h alive on ..... 19 .....

	DURATION
Immediate cause of death: Fracturing of skull	1 min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8/28/47
Where did injury occur? 8/28/47 (City or town) Caroline (County) Md. (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Falling log Injured at work? yes

23. SIGNATURE: H. M. Ward M. D. or other
Address: Ganderville Md. Date signed: 8/29/47

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

#159

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Reg. Diat. No. 506869

1. PLACE OF DEATH:
County: Calvert
City or town: Dares
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Md. County: St Marys
City or town: Patuxent Naval Air Station.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: W W II

3. (a) FULL NAME: Robert E. Seibels Jr. USN

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Julia Sellers Seibels
6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): 2-20-17

8. AGE: Years	Months	Days	If less than one day
30			hrs. min.

9. Birthplace: Alabama
(Town, county, and state)
10. Usual occupation: U.S. Navy officer
11. Industry or business:

FATHER
12. Name: Robert E. Seibels Jr
13. Birthplace: Unknown

MOTHER
14. Maiden name: Frances Lockette Marks
15. Birthplace: Unknown

16. Informant: Navy Records
Address: U.S.N. Air Station - Patuxent River Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 9-3-47 (month) (day) (year)
Cemetery or crematory: Oakwood
Location: Montgomery, Alabama
18. Funeral director: Robinson's Funeral Home
Address: Leonardtown, Md

19. 8-30 1947 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/30 1947, at 2 42 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from accidental death 19 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Fracture of skull	
3rd degree burns	
Due to: aeroplane accident	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 8/30/47
Where did injury occur? Dares (City or town) Cal. (County) Md. (State)
Injured at home, farm, industry, public place (where?): farm
Means of injury: Plane crash. Injured at work? yes

23. SIGNATURE: H Jeffers MD
M. D. or other
Address: Huntingtown Date signed: 8/30/47
autopsy med. examiner

MARGIN RESERVED FOR BINDING

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